



## MONTGOMERY COUNTY FIRE AND RESCUE SERVICE

### **ACCURACY CERTIFICATION**

While the Montgomery County Police and Montgomery County Fire and Rescue background investigators are conducting your background investigation, facts may arise or events occur which may not have been known or which you may not have anticipated at the time this packet was submitted. These fact/events may require that revisions or amendments be made to this packet. All such revisions or amendments are to be submitted in writing by you immediately to the address below. You must include your full name on all documents.

MCFRS – Internal Affairs Office  
Attn: Michael Zeigler  
15825 Shady Grove Rd #150  
Rockville, MD 20850

I understand and acknowledge that all the information and all the entries made by me in response to the requested information contained within this packet are true, complete, and correct to the best of my knowledge. I further understand that if at anytime during the course of my employment with the Montgomery County Fire and Rescue Service, it is discovered that I made untruthful statements, falsified my employment application, falsified my confidential information, gave and/or provided misleading statements, and/or deliberately omitted and/or failed to provide required information with intent to deceive and/or mislead, it shall be cause for immediate termination/discharge from the employment process and/or my employment from Montgomery County Fire and Rescue Service.

I also understand that it is my responsibility to document in writing, any and all status changes (address, telephone, marital, employment, etc) that may take place throughout my eligibility period.

**ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 2011, I HAVE COMPLETED THE CONFIDENTIAL PACKET AND UNDERSTAND THE CONTENTS. THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND DOES NOT KNOWINGLY CONTAIN ANY MATERIAL MISREPRESENTATION OF FACTS. I UNDERSTAND THAT ANY MATERIAL MISREPRESENTATION OF FACTS GIVEN BY ME SHALL BE CAUSE FOR REJECTION BEFORE APPOINTMENT OR DISMISSAL FROM THE SERVICE AFTER APPOINTMENT. THIS CERTIFICATION RELATES TO ALL INFORMATION PROVIDED.**

---

Printed Full Name

---

Full Legal Signature